



Why Can't (or Won't) My Child Eat?

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For most of us, eating is a pleasurable experience; however for a small percentage of children eating is not pleasurable. Eating difficulties in children and infants can range in severity from simple avoidance of non-preferred foods to severe tantrums, gagging or vomiting with just the sight or smell of food. In addition to the obvious implications related to nutrition and health, having positive feeding experiences as an infant is foundational for building and maintaining the child/caregiver emotional bond. Eating difficulties can be due to a variety of factors, some which are physical or medical in nature and some which are emotional and behavioral. It is only through careful identification of the underlying cause of the feeding difficulty that we can then determine the effective strategies to use in creating positive eating experiences.

The Psychology of Eating

We make connections to food in two different ways: positive reinforcement and negative reinforcement. When children have positive experiences with food it facilitates the sensation of hunger and eating is pleasurable.

A child eats → parents praise → child eats more → feeling of satisfaction = positive reinforcement

However, just as eating is a learned behavior, not eating is also a learned behavior arising from negative experiences associated with food and eating. When children experience negative sensations and/or emotions as a result of eating, appetite decreases in order to reduce the frequency of being exposed to this unpleasant (and sometimes frightening) occurrence.

A child eats → child chokes on the food → child eats less = negative reinforcement/punishment

When children have had repeated negative experiences associated with eating, the emotional memory of repeated negative feelings associated with eating can persist.

Infant Bottle or Breast Feeding

For infants, effective bottle and breast feeding is a complex activity that requires the coordination of sucking, swallowing, and breathing. Sucking and swallowing also require integration of muscular activities of the lips, cheeks, jaw, tongue, palate and pharynx. It is common for

premature infants or children with respiratory conditions to demonstrate difficulty with coordination of sucking, swallowing, and breathing. One reason for this difficulty in young or premature infants is the use of prolonged sucking and swallowing that can take place without the breathing component. This can result in apnea and decreased oxygen saturation and fatigue of the infant. The infant or child may also demonstrate coughing, choking, or color changes. Some children may also have small sucking and swallowing movements present; however they may be inadequate to support nutrition. Using pacing techniques, rhythm and movement, position changes, and changing the nipple to a slower flow can assist the infant in coordinating their suck, swallow, and breathing rhythm.



Infants that are exposed to negative and invasive stimulation to the face and mouth (as occurs during suctioning, intubation, tube insertion, and other life-enhancing procedures) learn to associate stimulation in and around the mouth as negative. Gradually the mouth becomes unfamiliar with the normal sensation and rhythm associated with eating as well as unfamiliar with the normal, pleasurable sensation of touch and taste needed for eating. These children often lack the opportunity to build associations between positive sensations in the mouth and the reduction of hunger.

Gastrointestinal Issues

Gastroesophageal Reflux Disease (GERD) is a physiological event characterized by the backward flow of the contents of the stomach to the esophagus. Children with GERD have difficulty tolerating various forms of sensation such as movement, taste, touch and smell. They often have difficulty tolerating oral-tactile input, especially to the tongue. Negative sensory information that can accompany GERD includes constipation, diarrhea, vomiting and/or choking. In addition, allergies to foods will impact appetite, intake volume, texture selection, temperature selection and mealtime behavior. Many of the medications taken for reflux can dampen sensation to the pharynx (throat), which can result in the child preferring wet foods as opposed to dry. Children that go untreated tend to prefer starchy carbohydrates because they absorb the acid in the stomach. The use of techniques such as massage, movement facilitation and positioning can reduce abdominal stiffness which may positively influence gastrointestinal function and mobility.

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Oral-Motor Control/Sensory Issues

Infants and children with neuromuscular or genetic conditions can have abnormal muscle tone and inadequate control of head, neck and jaw musculature. There can be reduced sensory awareness resulting in an inability to adequately feel where food is in the mouth. When there is decreased sensory awareness and poor oral motor control, there is an increased risk of aspiration (choking). The gag reflex, which protects us from aspiration, can be over-reactive or under-reactive. For these children, eating can be a frightening experience.



When children have deficits in motor control, providing proper positioning and support for eating is essential as head/neck stability is needed for control of the muscles of the mouth for eating. The aim is to have the child positioned with as much trunk and head symmetry as possible, balancing the need for support while allowing the child to be as active as possible. In addition to positioning aids, using a mirror during feeding can be helpful to provide the child with added visual feedback. If you have a child who is easily over-stimulated, it may be helpful to keep food out of sight and talk about something else as you continue feeding at a rhythmical steady pace. This reduces anticipation and helps decrease the excitement or anxiety and the increase in muscle tension that often accompanies these emotions.

Presentation of food textures, in the order of their ability to be felt and controlled by the muscles in the mouth, is important in setting up the child for successful eating experiences. A child with swallowing problems is often able to handle thicker foods and liquids best as they provide more tactile input and have a slower passage through the mouth and throat. Because water is thin, fast moving and has no taste, the sensory cues it provides about location in the mouth are limited.

Generalized Sensory Processing Disorders

Children with sensory processing disorders often cry or tantrum excessively to the point of being inconsolable, especially with the introduction of new or non-preferred foods. These children have difficulty tolerating change—change in routine, clothing, and yes, even the foods that they eat. Even though their sensory processing disorder is not necessarily in or around the area of the mouth, their world is an insecure place, and maintaining sameness and predictability is extremely important to them to feel secure. These “problem feeders,” as they are sometimes referred to, typically have less than 20 different foods that they will eat and often the majority of the foods are from the same food category. There may be very specific preferences related to

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brand of food, the container it comes from, etc. Their inability to tolerate new foods is not usually related to texture of the food (although at times it can be), but is more often related to the appearance of the food. Because repeated attempts at feeding have often created negative experiences, it is usually best to introduce new or “challenge foods” outside of mealtime. Introducing a new food during play, where eating is not the primary focus, provides a safe environment and can serve as a distraction and a reinforcement to take the first bite. Once the child begins to tolerate food during therapeutic activities and play, this “safe” food can then more easily be accepted within the context of a meal.

In Summary

Determining the cause of your child's eating difficulty is the most important step in determining the strategies that are most likely to be effective in creating a positive eating experience. Your child's physician will be an important team member in addressing any medical issues that may be contributing to your child's eating difficulties. Consultation with a nutritionist is also important to prioritize the nutritional focus of food introduction or to determine if supplements are necessary to meet nutritional needs. Pediatric physical therapists, occupational therapists, and speech/language pathologists who are experienced and trained in the areas of eating and swallowing dysfunction and sensory processing disorders are key in the development of positioning and feeding techniques and other treatment strategies that will facilitate your progress toward a positive eating experience for your child.

For more information on this topic, or for a list of references, please contact Sovereign Pediatric Therapy at 630.585.7337 or e-mail kelly.okel@sovereignrehab.com.

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Want more information on improving your child's eating and feeding skills? Please join us for an informational presentation on this topic.

Crystal Lake location: April 7, 7:00 pm

Presented by the Speech Therapy staff.

Call 815.477.4788 for reservations.

Naperville location: April 7, 7:00 pm

Presented by Kelly Okel, MA, CCC/SLP and Debbie Denniger, OTD, OTR/L. Call 630.585.7337 for reservations.



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